

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7896</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Donald M Keefe</u> P.O. Box, Bldg., Room No., if any _____ Street <u>10 Bemis St.</u> City <u>Newton</u> State <u>MA</u> ZIP Code + 4 <u>02460</u>	4. Name, file number, and address of labor organization. Name <u>District No. 1-PCD, MEBA, AFL-CIO</u> Labor Organization File Number <u>066-581</u> P.O. Box, Building and Room Number, if any <u>Suite 800</u> Street <u>444 North Capitol St., NW</u> City <u>Washington</u> State <u>DC</u> ZIP Code + 4 <u>20001</u>
5. Position in labor organization. <u>Atlantic Coast Vice President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>8/11/05</u> Date	<u>201-433-7700</u> Telephone Number

Name of Person Filing

Donald M. Keefe

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name MEBA Benefit PlansTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 1007 Eastern AvenueCity BaltimoreState MD ZIP Code + 4 21202

9. Business deals with:

☒ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name MEBA Benefit PlansTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 1007 Eastern AvenueCity BaltimoreState MD ZIP Code + 4 21202

11.a. Nature of such dealing.

MEBA Benefit Plans are jointly-trusted, multiemployer benefit plans that provide benefits to participants requested by the MEBA.

11.b. Approximate dollar value of such dealing.

\$4,554.80

12.a. Nature of interest held or income received.

The amount identified in Box 11b is for reimbursement of travel-related expenses incurred in attending MEBA Benefit Plans board of trustee meetings, for which I am a trustee and was required to attend as well as educational meetings sponsored by IFEBP.

12.b. Amount.

(See attached) \$4,554.80

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

MEBA Medical and Benefits Plan
2004 LM-10, LM-30 Reports

Plan	Acct/Vendor Number	Date Paid	Amount Paid	Explanation
Medical	571700	5/27/2004	\$ 139.25	Reimbursement of Travel Expenses Relating to Trustee Meeting 10/03
Medical	571700	2/27/2004, 3/16/04	\$ 832.67	Reimbursement of Travel Expenses Relating to Trustee Meeting 01/04
Medical	571700	5/14/2004, 5/20/04	\$ 1,093.75	Reimbursement of Travel Expenses Relating to Trustee Meeting 04/04
Medical	571700	7/20/2004	\$ 1,975.24	Reimbursement of Travel Expenses Relating to Trustee Meeting 06/04
Medical	571700	10/04	\$ 64.68	10/04 BOT Meeting Dinner
Medical	571890	12/15/2004	\$ 34.21	Membership Dues (ck#20469)
Medical	571850	12/04	\$ 415.00	IFEBP Fees
			\$ 4,554.80	

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International Foundation of
Employee Benefit Plans